24CT 6049

NH

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 4 0 24-004519

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 300 NE 5TH AVE, DELRAY BEACH, FL 33444

Location of Offense (Business Name, Address): 300 NE 5TH AVE, DELRAY BEACH, FL 33483

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/04/2024	02:48	04/04/2024	02:58			

DEFENDANT

Name (Last, First, Middle): IANNELLI, MICHAEL

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/01/1993	5'11	200	Brown	Brown	Light	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: | Religion:

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 123 BETHERL RD, ALBERTSON, NY 11507 — Phone:

Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 123 BETHERL RD, ALBERTSON, NY 11507 — Phone: — Address Source:

Business Address (Name, Street) (City) (State) (Zip): — Phone: — Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
/			Albertson, NY	US

CO-DEF

Co-Defendant Name (Last, First, Middle): — Race: — Sex: — Date of Birth: — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): — Race: — Sex: — Date of Birth: — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle): — Residence Phone:

Address (Street, Apt. Number) (City) (State) (Zip): — Business Phone:

Notified by: (Name) — Date: — Time: — JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) — Relationship: — Date: — Time:

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses/Distribute, M. Manufacture/Produce/Cultivate, Z. Other, N. N/A, P. Possess

Drug Type: A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other, N. N/A

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DRIVING WHILE UNDER INFLUENCE	316.193(1)A	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

Transported By: UPLEGGER — Date Transported: 04/04/2024 — Time Transported: 02:02 — Other

FILED PBC - GUN CLUB '24 APR 5 AM 7:32

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 05/06/2024 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy — I.D. # — Pouch #

Signature of Arresting Officer: 1267

Name of Arresting Officer (Print): UPLEGGER, EMILY — I.D. #: 1267

Transporting Officer: UPLEGGER — I.D. #: 1267 — Agency: DBPD

Name Verification (Printed by Arrestee) (PRINT) APR 4 AM 5:12

Witness here if subject signed with an "X".

PAGE 1 OF 1

054819 . # 1065

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4th DAY OF April 20 24, AT 1:49 ☑AM ☐PM

SUBJECT: Iannelli, Michael CASE NUMBER: 24-004519

AGENCY: DBPD ARRESTING OFFICER: Uplegger #1267

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

The following occurred in the City of Delray Beach, County of Palm Beach, FL.
On 4/4/24 at approximately 147 hours I was enroute to another call. While driving southbound on NE 5th Ave, which is a one way, I saw an oncoming car driving northbound. The driver was staring at his phone and looked very confused. I, OFC Uplegger, then activated my red and blue emergency lights on my marked DBPD patrol car and turned around to conduct a traffic stop.

OBSERVATION OF DRIVER:

I approached the vehicle and asked the driver for his license. The driver, later identified as Michael Iannelli, looked very dazed and confused. I immediately noticed the driver had glossy eyes and I could smell the odor of an unknown alcoholic beverage coming from Iannelli. I ordered Iannelli to put his vehicle in park, shut it off, and hand me the keys. I again asked Iannelli for his driver's license to which he continued to stare at me. Iannelli eventually grabbed his wallet and found his license. I asked Iannelli where he was coming from, to which he stated, "do I have to tell you". As Iannelli was speaking, his speech was slurred significantly. During an inventory search of the Audi prior to tow, one empty bottle of Platinum 7x Distilled Vodka 375 MIL was found in a brown paper bag behind the passenger seat.

DRIVER'S STATEMENTS:

On scene Ianelli would not state where he came from. When I asked him, he said "do I have to tell you". I then asked Iannelli how many drinks he had consumed, in which he stated, "I had three dirty Martini's". While driving to county jail, Iannelli kept stating "it was my fault, I was driving on the wrong side of the road. Thank you for ruining my life". Iannelli then stated that he went to City Oyster and had one dirty martini. I requested Campbell perform roadside tasks to dispel my suspicion that Iannelli was driving under the influence. Iannelli refused to perform roadside tasks. I asked Iannelli again if he would dispel my fear and perform roadside tasks which he refused again.

ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Iannelli.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Passive aggressive, agitated, and attitude

CLOTHING: White T-shirt, light blue jeans, white sneakers

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

SEP 1267

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of March 20 24 by OfcUplegger#1267

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F S S 117.10)

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2028

NOT A CERTIFIED COPY

SUBJECT: Iannelli, Michael **CASE NUMBER** 24-004519

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☐ LT EYE-LACK OF SMOOTH PURSUIT
- ☐ RT EYE-LACK OF SMOOTH PURSUIT
- ☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

BREATH TEST RESULTS: 1) REFUSED 2) REFUSED 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of March 20 24 by Ofc. Upleggar #1262

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S 117.10)

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2028

NOT A CERTIFIED COPY

SUBJECT:_____ CASE NUMBER:_____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your ***BREATH*** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your ***URINE*** for the purpose of determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X)_____

NOT A CERTIFIED COPY

WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Iannelli, Michael A.

CASE NUMBER: 24-049830

DATE: Apr 4, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:50

ENDING TIME: 02:57

BREATH TESTS RESULTS: 1) Refused TIME 02:55 A.M. ☒ P.M. ☐ 2) N/A TIME ---------- A.M. ☐ P.M. ☐

3) N/A TIME ---------- A.M. ☐ P.M. ☐ 4) N/A TIME ---------- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, fidgety, agitated, repetitive

CLOTHING: Blue jeans, white t-shirt, white sneakers

MEDICAL CONDITIONS: YES

MEDICATIONS: NO

OTHER:

Eyes are glassy & red
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:28 hrs.

Subject refused to answer format questions.

Subject refused to perform breath test.

A/O read I/C 2x.

Subject refused to take test.

A/O read rights.

No Q&A conducted.

REFUSED

REFUSED

NOT A CERTIFIED COPY

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 24-049830 PBSO ZONE 4-22

AGENCY CASE # 24-004519 CRASH CASE # _____

TIME OF STOP/CRASH 01:49 DATE 4/4/2024 DAY Thursday

SUBJECT'S NAME Michael Iannelli A. RACE White SEX Male

HGT 5'11 WGT _____ DOB 2/01/1993

LOCATION 300 NE 5th Ave, Delray Beach, FL 33444

ARRESTING OFFICER'S NAME & ID Uplegger #1267 AGENCY DBPD

DIVISION: Patrol NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 2:28

Arrest Time 1:55

BREATH RESULTS:

1. _____
2. REFUSED
3. _____
4. _____

TESTING OFFICER'S ID 16877

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

NOT A CERTIFIED COPY

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, OFC Uplegger #1267, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Delray Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 4th day of April, 20 24, at 1:47 ☐ P.M ☑ A.M.

DRIVER (Type or Print) Michael (FIRST NAME) Amato (MIDDLE OR MAIDEN NAME) Iannelli (LAST NAME),

DL# 874456157, state of New York, was placed under lawful arrest for

the offense of DUI by OFC Uplegger #1267 and
(Name of Arresting Officer)

issued Citation # AIQDUKE.

That on or about the 4th day of April, 20 24, at 2:55 ☐ P.M. ☑ A.M.

in Palm Beach County,

I requested that the driver submit to a ☑ **breath and/or** ☐ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Uplegger 1267
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2028
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 4 day of March, 20 24, by Ofc. Uplegger, who is personally known to me or who has produced _____ as identification.

Notary Public _____

The foregoing instrument was sworn and subscribed before me.

_____
Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 24-004519

ARRESTING OFFICER: Uplegger #1267

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): 561-243-7800 (WORK) _____

CAN TESTIFY TO: Driver behind the wheel

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY